



PATENT
Attorney Docket No.: 24-NS-121067

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Wensel et al. :
Serial No.: 10/064,874 : Art Unit: 3752
Filed: August 26, 2002 : Examiner: J. Hook
For: REACTOR WATER ISOLATION :
DEVICES :

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:
 - Amendment in Response to the Office Action dated August 24, 2004 (13 pages)
 - One (1) Annotated Marked-Up Drawing Sheet
 - One (1) Replacement Drawing Sheet
 - Request For Approval Of Formal Drawings (1 pg.)
 - Fifteen (15) Sheets of Formal Drawings
 - Transmittal (3 pgs.), in duplicate
 - Return post card

STATUS


2. Applicant
☒ claims small entity status.
☐ is other than a small entity.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8a)

I hereby certify that this correspondence is, on the date shown below, being:

MAILING
✓ deposited with the United States Postal Service
Express Mail, Post Office to Addressee, Label No.
EV504793423US, addressed to: Mail Stop: Amendment,
Commissioner for Patents, P.O. Box 1450, Alexandria,
VA 22313-1450.
Date: November 22, 2004

FACSIMILE
Transmitted by facsimile to the Patent and Trademark
Office


Michael Tersillo, Reg. No. 42,180
11/22/2004 01:03PM 00000000 012384 10064874

01 FC:1202 126.00 DA

02 FC:1201 88.00 DA

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL	MINUS	=		x \$9 = \$		x \$18 = \$
INDEP.	MINUS	=		x \$42 = \$		x \$84 = \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$130 = \$		+ \$280 = \$
				TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) X No additional fee for Claims is required

OR

- (b) Total additional fee for claims required \$

FEE PAYMENT

5. Attached is a check in the sum of \$
 Charge Deposit Account No. 01-2384 the sum of \$
 A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. X If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- X If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. Other:



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